

ABN 52 608 393 451

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Suite 1E, 109 Upton Street Bundall, QLD 4217

ABN Application - Company

Company Name	Date			
Contact Name (Firm)	Phone			
Email	_ Ref No.			
Company Name				
ACN				
You wish to apply for the following				
ABN	☐ Yes	□ No		
Company tax file number	☐ Yes	□ No		
GST Number	☐ Yes	□ No		
PAYG Number	☐ Yes	□ No		
1. This section must be completed (for ABN & TFN)				
Does the Company have a Trading Name (ie Business Name)?	☐ Yes	□ No		
Does the Company have more than one Trading Name, if so please list belo)W			
1				
2				
Does the Company have more than one business location in Australia? if so	please advi	se where else in Au	ustralia	
What is the Main Business Industry that the Company operates in?				
Describe the main activity from which the Company derives the majority o	f its business	income		
2. Only complete this section if applying for CCT nu	m h o r			
2. Only complete this section if applying for GST num	прег			
You are required to register for GST	· · · · · · · · · · · · · · · · · · ·	00		
 if you are carrying on an enterprise in Australia and your GST turnover is \$75 000 or if you supply taxi or limousine travel for fares 	more (\$150 0	oo or more for non-p	oront organisations)	
• if you are a representative of an incapacitated company (where the incapacitated C	Company is reg	istered or required t	o be registered)	
• if you are a resident agent acting as a non-resident (where the non-resident is regis		•	-	
What is the Company's annual GST Turnover (approximately)		\$		
How often will you lodge the activity statement?		Quarterly	☐ Monthy	
Does the Company intend to account for GST on a Cash or Accrual Basis?		☐ Cash	Accural	
Does the Company import goods or services into Australia?		□ No	☐ Yes	

Financial Account details (if available)	BSB		Account Number	
Full Account Name	(Account Details when available ca	an be phoned through to ATO) for GST credits etc)	
3. Only complete below if applyi How many employees does the company estin	•	umber		
What amount does the Company expect to with		to its pavees each ve	ear?	
How will the Company provide withholding pa			(please tick)	
□ Paper form	,	☐ Electronically		
How will the Company provide payment sumn	naries to its pavees?	(please tick)		
☐ Own Payment Sumr		•	oplied Payment Summaries	
3A. Individual tax file numbers				
Please supply the Individual Tax File Numbers	for all directors and sha	reholders of this cor	mpany	
Name			Tax File Number	
Nama			Tax File Number	
Name			Tax File Number	
Whilst you did not have to supply y	our Tax File Number, in	n doing so it may spe	eed up the application process.	
4. This section must be complete	ed			
Authorisation is hereby given to Shelf Compar completed sections on our behalf for this Com		/ Ltd ACN 608 393 45	51 to make application for the above	
Print Name				
Position				
Signature	D.	ate		
I attach credit card details for payment of the A	ABN Application.			
We accept the following credit cards - Master, \	/isa & Amex			
Credit card details				
Name				
Credit Card Number				
Expiry Date				
CVV				
Signature				

Should you wish to deposit payment directly into our bank account via EFT please contact our office for our bank details.

(Please note: funds deposited into our bank account will need to be cleared prior to documents being processed)